



# Training Registration Form

## Registrant Information

<b>Name:</b>	
<b>Title:</b>	
<b>Utility System:</b>	
<b>Address:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Phone:</b>	
<b>E-Mail Address:</b>	

## Course Information

<b>Course Title:</b>	
<b>Course Number:</b>	
<b>Date(s) of Training:</b>	
<b>Training Location:</b>	

**Please register by the Monday before each Session.  
Submit by mail, fax, or e-mail to:**

Midwest Assistance Program  
P.O. Box 81  
New Prague, MN 56071-0081  
E-mail: [training@map-inc.org](mailto:training@map-inc.org)  
Phone: 952-758-4334  
Fax: 952-758-4336